SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

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Refund:	Amount Paid:	Date:	Permit #:
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INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED APPLICANTIGED CO * 17 2017

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10 32	(2%)	×	(%)	BAKALE	5TORAGE/1		হ্য	☐ Municipal Use	···
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	-	- X	-	And the second state of th	re on property)	Principal Structure (first structure on property)	Princ		
Square Footage	ons	Dimensions			Proposed Structure		`	Proposed Use	
<i>*</i>	Height:			Width: 72	Length: 40			Proposed Construction:	
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	***************************************	Jiniact)	בול בו אורפ רר				Property		
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	Vaulted (min 200 gallon)	city lybe	Val	Drivy (pit) or Vaulted (m)	- 1		Conversion	10 000 Lou	
Z) UWell		Specify Type:	A Spec		Year Kound	1-Story + Loft	Addition/Alteration	-	
- City		š			Seasonal	1-story	New Construction	Nev	
	20000000000000000000000000000000000000					7		iliateliai Nata	
Water	, m	What Type of Sewer/Sanitary System Is on the property?	What Type of er/Sanitary Sys on the propert	# Windows Wilson	Use	# of Stories and/or basement	Project	Value at Time of Completion * include donated time &	
								为 Non-Shoreland	
⊠ Yes	□ Yes	k i □	ine : _ feet	Distance Structure is from Shoreline:	₩	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	oroperty/Land v	□ SIO = SIO	Reference co
_	Floodplain Zone?	Floodp	feet		If yescontinue>	Creek or Landward side of Floodplain? If ye	k or Landward s		
	perty in	Is Pro	ne:	Distance Structure is from Shoreline:		îver, s	Property/Land v	21 🗌	. 1
. 4co	<i>K</i>				BAYFICLD	N, Range \(\sum_{\text{w}}\) W	, Township 2 /	Section (+ ,1	<u> </u>
ige	Acreage		Lot Size	La	Town of:	(3100)	100000		_
		on:	Subdivision:	Lot(s) No. Block(s) No. S	Vol & Page	Gov't Lot Lot(s) CSM	1/4	44	5 B
R-SE1968	# assigned t	Recorded Deed (i.e. #	ocument :	Do	1975年(4-5 digits) 1975年)	(Use Tax Statement) Tax III#	Legal Description: (PROJECT Legal	
å □ No	Attached						BEXT	WILLIAM C. HICBUAT	·
Written Authorization	Written		te/Zip):	Agent Mailing Address (include City/State/Zip):	0760	1	ning Annlication on	Authorized Agent: (Darson Sig	
Plumber Phone:	Plumbe			<u> </u>	Contractor Phone: Plumber:	Contra			
920-418-5340	9204			11865 S	Freco Will		TSCAND 1	5	
ne:	Cell Pho	14	53014	JEFFERSON BY CHILTON WS.	70	City/State/Zi	HILBERT	Address of Property:	
ne:	Telephone:			City/State/Zip:	ess:	Mailing			
OTHER		□ B.O.A.	L USE	☐ CONDITIONAL USE ☐ SPECIAL	Ş	☐ LAND USE ☐ SANITARY	200	TYPE OF PERMIT REQUESTED->	-gave
	8	STORES PARTIES	(force)	WWW.		00000000000000000000000000000000000000	3		7

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

1 (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. 1 (we) acknowledge that 1 (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. 1 (we) further accept liability which may be a result of Bayfield County relying on this information 1 (we) am (are) providing in or with this application. 1 (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

the Deed All Owners must sign or letter(s) of authorization must accompany this application)

	Authorized Agent:
(If you are signing on behalf of the owner(s) a letter of authorization must acco	***************************************

Address to send permit W4795

1/0

Exson Ru

CHILTON

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any this application)

Date

Date

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Hold For Sanitagy-	Signature of Inspector:	The Silver	Date of Inspection: 5 2 Condition(s): Town, Committee or Board Cor	Inspection Record: S.L. Stall	1 = 3	Granted by Variance (B.O.A.) ☐ Yes ☐ No ☐ Case #:	Is Parcel a Sub-Standard Lot Yes (Is Parcel in Common Ownership Yes (Is Structure Non-Conforming Yes	149	Issuance Information (County Use Only)	(9) Stake or Mark Propose NOTICE: All Lan For The Construction Of	ement o surveyed ensed sur	Set Dack to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (1) other previously surveyed corner or marked by a licensed surveyor	Setback to Septic Tank or Holding Tank Setback to Drain Field	Setback from the West Lot Line Setback from the East Lot Line	Setback from the North Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	Please complete (1) – (7) above (prior to continuing) $\mathcal{E}_{\mathcal{A}}$ (8) Setbacks: (measured to the closest point)	TEL					(6) Show any (*): (7) Show any (*):	(2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show:	18
TBA: Hold For Affidavit:	Toser.	The start of	Inspected by:	ed - smolly	es 🗆 No		(Deed of Record) No (Fused/Contiguous Lot(s)) No	Permit Date: 6.0	Only) Sanitary Number: Reason for Denial:	ad Location(s) of New Construction of Use Permits Expire One (1) Year f New One & Two Family Dwelling: The local Town, Village, City, State	than ten (10) feet but less than thirty (30) feet f reyed corner, or verifiable by the Department b)) feet of the n	NA NA	/00 Feet /50 Feet	1096 Feet) 130 Feet 170 Feet	Measurement	ilece			46	→		(*) Lake; (*) River; (*) Stream/ (*) Wetlands; or (*) Slopes ove	North (N) on Plot Plan (*) Driveway <u>and</u> (*) Frontage All Existing Structures on your (*) Well (W); (*) Septic Tank (S	Proposed Construction
□ Hold For Fees: □			(If No they need to be attached.)	Zonir	Were Property Lines Represented by Owner Yes Was Property Surveyed Yes	Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:	Mitigation Required ☐ Yes \		# of bedrooms: Sanit	(ST), <u>Drain field (DF)</u> , <u>Holding Tank (</u> I Issuance if Construction or Use has not less Are Required To Enforce The Uniforn scies may also require permits.	Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proporties	boundary line from which the setback must be measured must be visi	Setback to Well	20% Slope Area on property Elevation of Floodplain		Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek Setback from the Bank or Bluff	Description	ARURU . Changes in plans must be approved by the Planning & Zoning Dept.						m/Creek; or (*) Pond over 20%	North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*)	a di C alphyling (O) }
	Date of Appsoval:	Tr of	Date of Re-Inspection:	Zoning District (F()) Lakes Classification (A+)	s Seule no	pop word	Affidavit Required		Sanitary Date:	HT), <u>Privy (P)</u> , and <u>Well (</u> W). t begun. 1 Dwelling Code.	back must be measured must be visible from proposed site of the structure, or must be	ble fram one previously surveyed corner to the	<i>N∕A</i> Feet	NA Feet NA Feet		NA Feet NA Feet	Measurement	DENTINA by the Planning & Zoning Debt.		. /					(*) Privy (P)	

, _{City}, Village, State or Federal May Also Be Required

LAND USE - X SANITARY - None SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Par in NE N ocation: S		∕₄ of	NE	1/4	Section	17	Township	51	N.	Range	5	W.	Town of	Bayfield
		. =,,,,,												
Sov't Lot	•		Lot		Blo	ck	Su	bdivisio	on				CSM#	

For: Residential Accessory Structure: [1- Story; Garage (42' x 46') = 1,932 sq. ft..]

(Disclaimer): Any future expansions or development would require additional permitting

Condition(s): Building shall not be used for human habitation or sleeping purposes.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

> Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

June 2, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 [715] 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN Date Stamp Red Bred D Z 122017

Permit #: Date: Refund: Amount Paid: 08 4 17-0190 6.0017 di

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INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept.

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1	Owner's Name:	TYPE OF PERMIT REQUESTED->	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
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Value at Time of Completion	X Non-Shoreland	☐ Shoreland — ▶		Section (5	4 1 7 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	である。これ	PROJECT LOCATION	Authorized Agent: (Per	Contractor: Dals	* 85°	Gary & J	Owner's Name:	TVDC OF BEDNAIT BEG
Project		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	, Township	1/14	Gov't Lot	Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor: Dalzoll & DyskTRA Goust	WA 85235 SWNSET DR	Gary & Jacquelyn Dalzell	Owner's Name:	STECTED A JAND
# of Stories		1000 feet of Lake, P	300 feet of River, St	, Range W	6	Lot(s)							
5		Pond or Flowage If yes—continue —	if yescontinue	200	V 1639 F36X	CSM Vol & Page	Tax ID# (4-5 digits) 35 857	<u> </u>	Contractor Phone: PI 715 みらり イゲフト	Bay Pie 1d WID	Po Box 514	Mailing Address:	9%
3. **		Distance Structur	Distance Structur	Bantred		Lot(s) No.		Agent Mailing Address (include City/State/Zip):	Plumber:			City/State/Zip:	
Wh		Distance Structure is from Shoreline:	Distance Structure is from Shoreline :			Block(s) No. Sul	Reco	s (include City/State	~	41814	Boyfield WI SH	SE □ SPECIAL e/Zip:	
What Type of		A	e : Is Property in feet Floodplain Zone?		Plat of Surveyt Ridge	Subdivision:	Recorded Deed (i.e. # assigned by Register of Deeds Document #: 2010 R-53257		Plumber Phone:	715	413	5.O] DO A
Water		□ Yes	Are Wetlands Present?	3.39	Ridge)	ed by Register of Deeds) R- <u>53みらみり</u>	Written Authorization Attached Pes Do	Phone:	212 20 HZ	215913 0086	phone:	711100

Proposed Construction:	Existing Structure						プラ 5000	\$ //8		Value at Time of Completion * include donated time & material
uction:	Existing Structure: (if permit being applied for is relevant to it)			Property	☐ Run a Business on	Relocate (existing bldg)	□ Conversion	☐ Addition/Alteration	New Construction	Project
	or is relevant to it)			☐ Foundation	No Basement	☐ Basement	□ 2-Story	☐ 1-Story + Loft	X 1-Story	# of Stories and/or basement
Length: 50	Length:							X Year Round	☐ Seasonal	Иse
				(⊠ None		_ w	□ 2	□ 1	# of bedrooms
Width: ≯o	Width.	***************************************	XNone	□ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
Height: ル	Height:				tract)	ılted (min 200 gallon)	ify Type:	fy Type:	And the second s	ye of Y System yperty?
							≯ ⊊]	□ Well	□ City	Water

Proposed Use	`	Proposed Structure	⊒	Dimensions	Square Footage
		Principal Structure (first structure on property)		×	
		Residence (i.e. cabin, hunting shack, etc.)	(x)	
7		with Loft	_	x)	
Wkesidential Use		with a Porch	(x)	
		with (2 nd) Porch	(x)	
		with a Deck	_	x)	
		with (2 nd) Deck	^	×)	
☐ Commercial Use		with Attached Garage	(×)	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(×)	
		Mobile Home (manufactured date)	(×)	
		Addition/Alteration (specify)	(х)	
Municipal Use	M	Accessory Building (specify) Shape	(×)	15/8
Hec'd for Issuance		Accessory Building Addition/Alteration (specify))	х)	
	3				
	000M	Special Use: (explain))	x)	
7		Conditional Use: (explain)	}	×)	
SECIETATION SEC		Other: (explain)	(×	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Date	Authorized Agent:
Date	Owner(s): (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

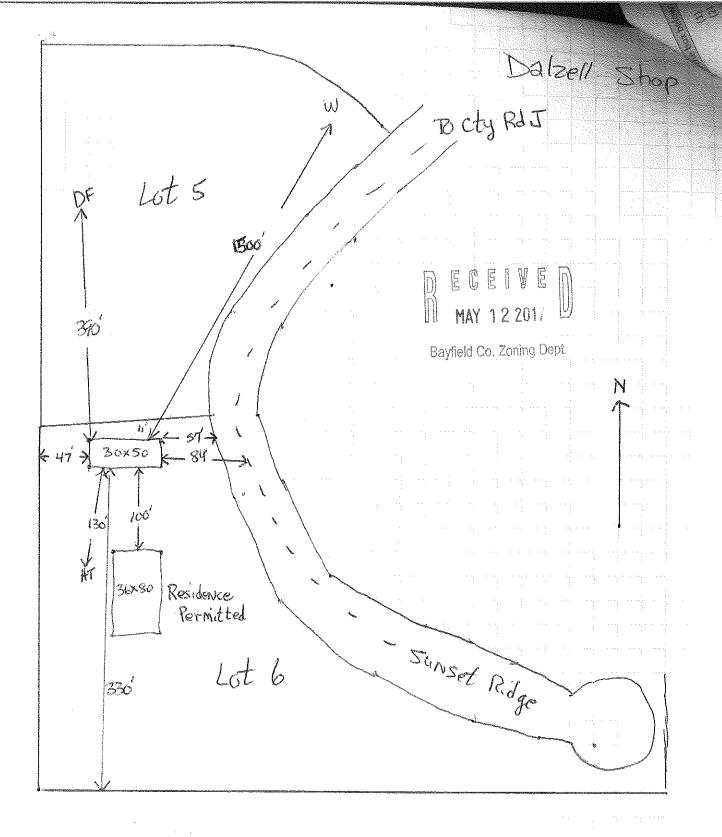
Address to send permit (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Attach

Copy of Tax Statement

From the property send your Recorded Deed

Hold For Sanitary: Hold for TBA: Hold For Affidavit:	PROPOSED PLANTANT OF 100000 S Signature of Inspector:	ommittee or Board Conditions Attached? TYes No.	Date of Inspection:	Was Proposed Building Site Delineated Wes C No.	Yes O No	I a Sub-Standard Lot	20	Issuance Information (County Use Only) Sanitary Number:	(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), a NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	rnor to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be weaking must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	Setback to Privy (Portable, Composting) Setback to Privy (Portable, Composting) Feet	Tank 130 150 Feet	19 330 is	it-oi-way 5// Feet	Setback from the Centerline of Platted Road Setback from the Centerline of Platted Road Setback from the Centerline of Platted Road	Description Measurement	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)	See affached Map	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): (*) Wetlands; or (*) Slopes over 20% (1) Show Location of (*): (*) Proposed Construction (*) Driveway and (*) Frontage Road (Name Frontage Road) (*) Lake; (*) Structures on your Property (*) Porain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
Hold For Fees:	ASITA TUNE Date of Approval:	not INTENERE W	Lakes Classification (Was Property Surveyed Ares previewa, □No Zoning District (RP)	**************************************	d Pes No Affidavit Required Pes No Affidavit Attached Pes No		# of bedrooms: Senitary Date:	Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). the Date of Issuance if Construction or Use has not begun. Municipalities Are Required To Enforce The Uniform Dwelling Code. Gederal agencies may also require permits.	the setback must be measured must be visible from one previously surveyed corner to the back, the boundary line from which the setback must be measured must be visible from on a known corner within 500 feet of the proposed site of the structure, or must be)SM	Vetland Feet a on property □ Yes SINo	Setback from the Bank or Bluff Feet	ark)	Description Measurement	Changes in plans must be approved by the Planning & Zoning Dept.		Road)); (*) Holding Tank (HT) and/or (*) Privy (P)



Pink Flags - Shop Footprint

City, Village, State or Federal Permits May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-	0190)		Issued	To: G a	ry &	Jacquelyn	Dalze					Marketter .	
Location:	_	1/4	of	-	1/4	Section	15	Township	50	N.	Range	4	W.	Town of	Bayfield
Gov't Lot				Lot	6	Blo	ck	Su	bdivisio	n Sı	unset R	idge		CSM#	

For: Residential Accessory Structure: [1- Story; Shop (50' x 30') = 1,500 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Construction of this garage shall not interfere with proposed placement of sanitary lines. Shall not be used for human habitation.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

June 2, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

 BAYFIELD COUNTY, WISCONSIN	APPLICATION FOR PERIMIT		100
7		/	n

(Bayis) (Figure) Œ UU

Permit #: Date: Amount Paid: 6-8-17 5-30-17

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct are may be a result of Bayfield County relying on this information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a may be a result of Bayfield County officials charged with administent above described property at any reasonable lime for the purpose of inspection. Owner(s): Owner(s): Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)		☐ Municipal Use	☐ Severalierial Street		N Resideatiles susence		Proposed Use	Existing Structure: A perm Proposed Construction:		Run a Bu	7	Addit	Value at Time of Completion * include donated time & material	Non-Shoreland	☐ Shoreland — ☐ Creek	Section <u>532</u> , To	W	PROJECT LEGAL D	Authorized Agent: (Person Signing Application on behalf of Owner(s))	88290 HARS	Owner's Name: (JILLOOK) Scott Address of Property:	INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT TYPE OF PERMIT REQUESTED—> LAND USE SANITARY
FAILURE TO ncluding any accompany and accuracy of all inform relying on this information of the pun specific puncture of the p		□ Bunkhouse w/ (□ s □ Mobile Home (man □ Addition/Alteratio □ Accessory Building □ Accessory Building				☐ Principal : ☐ Residence		्रमी permit being applied for is relevant to in action:	ordena ordena	Run a Business on	ersion	Addition/Alteration	Project		Creek or Landward side of Floodplain? ☐ Is Property/Land within 1000 feet of	, Township S /(r	1/4 Gov't Lot	Legal Description: (Use T	ng Application on behal	Hollows	RANS	issued until all fees : eld County Zoning De ITIL ALL PERMITS HAV
OBTAIN A PERMIT or Sing information) has been ation I (we) am (are) providing on I (we) am (are) provid	Special Use: (explain) Conditional Use: (explain) Other: (explain)	Bunkhouse w/ (□ sanitary, or □ s Mobile Home (manufactured date) Addition/Alteration (specify) Accessory Building (specify) Accessory Building Addition/Alte	with (2 nd) Deck with Attached Garage	with (2 nd) Porch with a Deck	with Loft	Principal Structure (first structure on pro Residence (i.e. cabin, hunting shack, etc.)		is relevant to it		1 1	2-Story	☐ 1-Story + Loft	# of Stories and/or basement		Lake,	, Township $\frac{1}{2}$ (N) Range $\frac{1}{2}$ (W) Is Property/Land within 300 feet of River, Stream		(Use Tax Statement)		Ross C		partment. /E BEEN ISSUED TO AP
TARTING CONSTRUCTIO examined by me (us) and to ding and that it will be relied ig in or with this application ig in or with this application in or with in or with this application in or with this application in or with this application in or with this application in or with in or with this application in or with this application in or with this application in or with this application in or with in or with this application in or with this application in or with this application in or with this application in or with in or with this application in or with this application in or with this application in or with this application in or with in or with this application in or with this application in or with this application in or with the control in or with in or with the control in or with in or with in or with th		Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or Mobile Home (manufactured date)	Garage			Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)	Proposed Structure	Length:				t Year Round	J		1 11	itream (ngl. Intermittent)	CSM Vol & Page	Tax ID# (4-5 digits)	Agent Phone:	Contractor Phone:	Mailing Address: 329 S. Bod. City/State/Zip:	AY 30
IN WITHOUT A PERMIT the best of my (our) know d upon by Bayfield Count n. I (we) consent to count it c						y)	ture	32		None	3	d 2	I D		Distance Structure	17.	ge Lot(s) No.		Agent Mailing Add	Plumber:	Souringey PR	2017 Dining PSRIDITIONAL
WILL RESULT IN PENA- leage and belief it is true, y in determining whether y officials charged with a y		cooking & food prep facilities)	And in Addition International Control of the Contro					width: Z	1 1	□ Portable (w/se	Sanitary (Exis	☐ (New) Sanitary	Sewe is o			is from Shore	Block(s) No.		Agent Mailing Address (include City/State/Zip):	1814	0<	
		× × × × ×	X	××	××	~ ~	Dimensions	2		/ice contract)	23	ry Specify Type:	What Type of Sewer/Sanitary System is on the property?		* *	ze	Subdivision:	Recorded Deed (i.e. # Dacument #:	ate/Zip):		38/10	Refund: SPECIAL USE
d complete. I (we) acknowledge that I (we) permit. I (we) further accept liability which ig county ordinances to have access to the		704		The second secon	_ _		Square Footage	Height: 13		1200 Ballott)		Well	· ·		Floodplain Zone? Present? Ves Yes You	→ 1	2	Deed (i.e. # assigned by Register of Deed: #:	Written Authorization Attached Pes No	Plumber Phone:	Telephone: 218	OTHER

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Attach

Only SARY AVE TRACTICAMINE 155810

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

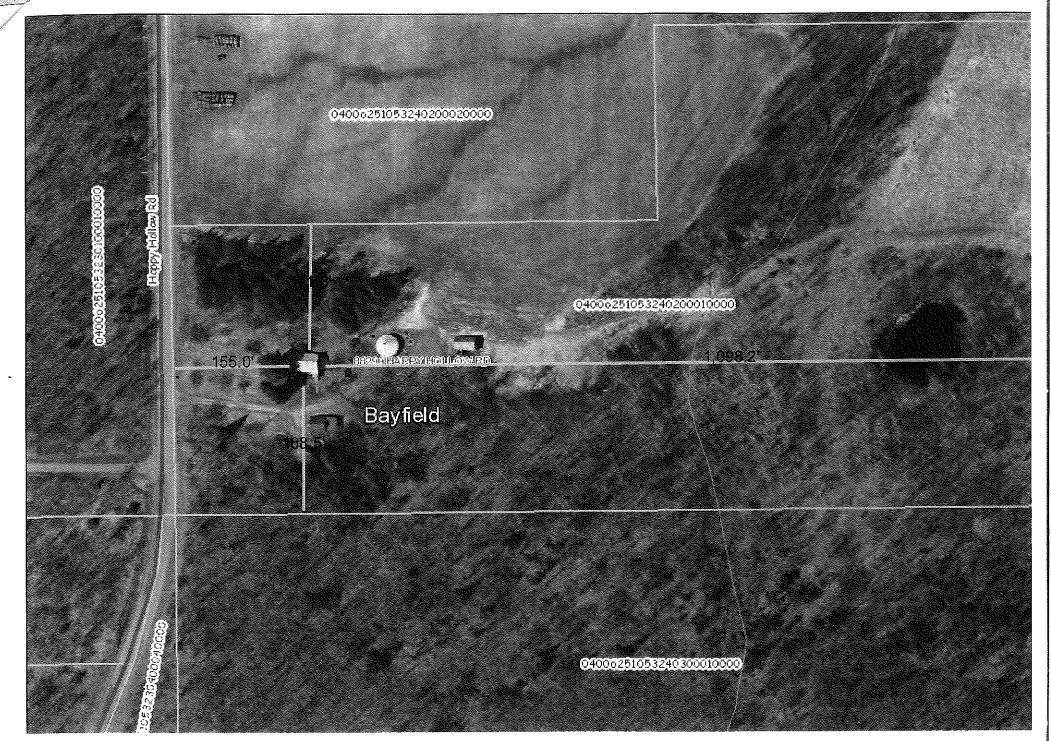
Address to send permit

Authorized Agent:

Date

Hold For Sanitary:	Date of Inspection: S-2-1 Condition(s): Town, Committee or Board Condition(s): Town,	ce (B.O.A.) Case #: Parcel Legally Created Goiding Site Delineated	Permit Denied (Date): Permit #: /7	(9) Stake or Mark Prop NOTICE: All For The Construction	Setback to Septic Tank or Holding Tank Feet Setback to Drain Field Feet Setback to Drain Field Feet Setback to Privy (Portable, Composting) Frior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be	Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line	Description Setback from the Centerline of Platted Roa Setback from the Established Right-of-Way	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest)	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):
Hold For TBA	Inspected by: Conditions Attached? Tes TNO-(If NO NOT CANALLY WAS NOT WELL WAS NOT WA	Nyes ONO DXUXWY	Record)	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DE), Holding Tank (HT), Privy (P), a NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	Feet Feet	Feet Feet	Road 15 155	te (1) – (7) above (prior to continuing) Setbacks: (measured to the closest point)	
avit: Hold For Fees:	(If No they need to be attached.)	Previously Granted by Variance (B.O.A.) Case Were Property Lines Represented by Owner Was Property Surveyed	Mitigation Attached Yes No	, Septic Tank (ST), Drain field (DF), Hold of the Date of Issuance if Construction or the Date of Issuance if Construction or the Municipalities Are Required To Enforce The Federal agencies may also require permit the federal construction.	Setback to Well the boundary line from which the setback must be measured must be visil on the minimum required setback, the boundary line from which the setb use of a corrected compass from a known corner within 500 feet of the pr	Setback from Wetland 20% Slope Area on property Elevation of Floodplain	Description Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek Setback from the Bank or Bluff	Changes in plans must be approve	Proposed Construction North (N) on Plot Plan (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
	Zoning District (**Ta*) Lakes Classification (**JT*) Date of Re-Inspection: A H	Case #: Owner Ares Irveyed Xres	Affidavit Required Yes Two	ling Tank (HT), Privy (P), and Well (W). Use has not begun. The Uniform Dwelling Code. Solutions Date: I can begun.	Feet are must be visible from one previously surveyed corner to the runkich the setback must be measured must be visible from the setback must be measured must be runkich the setback must be measured must be visible from	☐ Yes	gh-water mark)	st be approved by the Planning & Zoning Dept.	HT) and/or (*) Privy (P)

Bayfield County Web AppBuilder



City, Village, State or Federal Remits May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Gregory & Gretchen Ransom 17-0207 Issued To: No. Bayfield 32 51 W. Town of Location: **NW** ¼ of **SW** ¼ Section Township Range **5** CSM# 1416 Subdivision Lot 1 Block Gov't Lot

For: Residential Accessory Structure: [1- Story; Convert Residence to Accessory (32' x 22') = 704 sq. ft.] (Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not contain indoor plumbing fixtures with connection to pressurized water.

Shall not be used for human habitation or sleeping purposes.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

June 8, 2017

Date